U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4//			2. Fiscal Year Covered From:		
7630			Sections 1 promotion 1 states and 1		
		A9 -	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Nan	ne and address of person filin	g.	4. Name, file number, and address of labor organization.		
Name	Name David T Waggoner -		Name IBEW Local 816		
			Labor Organization File Number 005-623		
B 0 0	Box, Bldg., Room No., if any	gr. constitution are an employer and physiological processors are a constitution of the processor are an employer.	P.O. Box, Building and Room Number, if any		
1 .0. 1	oox, diag., Room No., ii any				
Street	1166 Byrd Road	or or or otherwise and appropriate the second of the control of th	Street 4515 Clarks River Road		
City	Mayfield	ender version as a second contract or cont	City Paducah		
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State	Kentucky	ZIP Code + 4 42066	State Kentucky ZIP Code + 4 42003		
5. Posi	ion in labor organization.	rganizer			
	\$1. m				
Ent	er appropriate data below If, o	luring the past fiscal year, you or you	r spouse or minor child directly or indirectly had any of the following interests		
	H-MANUSCO CONTRACTOR	(except as specified in the	exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.		
Name HUDCO			Electrical Inspections		
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Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
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Street	P.O. Box 92	он то на вой и потом в неменения на предоставления и потом в поставления на потом в п			
0.1	Y				
City	Murray	en e	\$2,130		
State	Kentucky	ZIP Code + 4 42071	T		
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perium and other applicable penalties of the law, that all of the information					
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Sign	ed Dan Wayyo	re	on 3/9/06 270-247-4849		

Name of Person Filing David Waggoner	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	-			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any					
Street	44 h. Approximate della value of such degling	A COLOMBRICA CONTRACTOR CONTRACTO			
City	<ul><li>11.b. Approximate dollar value of such dealing.</li><li>12.a. Nature of interest held or income received</li></ul>	Antique to conflict controlling for december 4 of significant and decembers a second approximate and and			
State ZIP Code + 4					
	12.b. Amount,	And Antoniara Franciski (Astronomica Santaniara) and a santania property of the santania and a s			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Trade Name, if any:		esternish der in men et en esternish der est			
P.O. Box, Bldg., Room No., if any		**************************************			
Street  City  State  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				